



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

December 19, 2008

GENERAL LETTER NO. 1-B-AP-10

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 1, Chapter B, **POLICY DEVELOPMENT**, Appendix, Title page, revised, Contents (page 1), revised, pages 1 through 6, revised; pages 7 through 9, new; and the following forms:

470-4673 *Administrative Rule Transmittal*, new
470-0116 *Clarification Request*, revised
470-3888 *Petition for Exception to Policy*, revised
470-0049 *Policy Approval and Distribution*, revised
470-0051 *Word Processing Request*, new

Summary

This appendix is revised to:

- ◆ Add form 470-4673, *Administrative Rule Transmittal*, used by the Department's central office policy staff. This new form is a Word template that combines:
 - Form 470-3663, which was originally called *Division Sign-Off for Administrative Rules*, and later was renamed *Administrative Rule Transmittal*;
 - Form 470-0114, a later generation of form Adm-4207-0, *Information on Rules*, which is included in the **State Handbook of Procedure**, XXX-A-Appendix, and has been available as part of the "New Rules" template;
 - The template for preparing rule revisions that was recently created by the Legislative Services Agency; and
 - The *Administrative Rule Fiscal Impact Statement*, also created by the Legislative Services Agency in 2003.
- ◆ Issue revisions to form 470-0116, *Clarification Request*, and instructions to:
 - Specify the identifying information that workers must include when requesting clarification of case-specific documents such as trusts, life estates, annuities, or life insurance policies.
 - Clarify that the response to a request that contains identifying information will be de-identified.
 - Clarify that the response issued from central office program staff may not be issued within 15 days of the request if longer time is needed for legal review.
 - Reflect that this form is also available on the Intranet eForms web site.
 - Reflect current unit and job class titles.

- ◆ Remove form 470-2250, *Notice Subscription*, from the manual because the rule notices are now available on the Internet, both through the Department's policy web site and the legislative web site.
- ◆ Update the sample of form 470-3888, *Petition for Exception to Policy*, to align with the version available on the Department's web site.
- ◆ Update form 470-0049, *Policy Approval and Distribution*, and instructions to reflect current unit and job class titles.
- ◆ Add form 470-0051, *Word Processing Request*, which is also used by the Department's central office policy staff. This form is also included in 20-C-Appendix, *FORMS MANAGEMENT*. The new instructions add emphasis on preparing manual and state plan changes.

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter B, Appendix, from Employees' Manual, Title 1, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	September 7, 1999
Contents page	December 11, 2001
470-0116	9/04
1, 2	September 17, 2004
470-2250	6/04
3, 4	September 17, 2004
470-3888	12/01
470-0049	9/04
5, 6	September 17, 2004

Additional Information

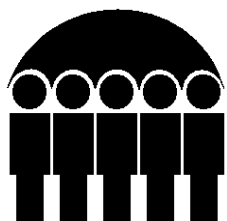
Refer questions about this general letter to the Bureau of Policy Analysis and Appeals.

Revised December 19, 2008

Employees' Manual
Title 1
Chapter B Appendix

POLICY DEVELOPMENT

APPENDIX



Iowa
Department
of
Human Services

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ADMINISTRATIVE RULE TRANSMITTAL

Subject of Rule Making:		
Administrative Code Chapters Affected:	Iowa Code <u>Section</u> or Bill Giving Rule Making Authority:	
Program Specialist:	Date Initiated:	Desired Effective Date:

Are you requesting emergency rule making? ☐ No ☐ Yes

Are there grounds for emergency rule making? ☐ No

☐ Yes, because:

☐ The period for notice and public comment may be waived because obtaining public comment is:

☐ Unnecessary. Reason:

☐ Impracticable. Reason:

☐ Contrary to the public interest. Reason:

☐ The implementation period can be waived since:

☐ Legislation permits it. Citation:

☐ The rule confers a benefit on the public or removes a restriction on the public. Reason:

☐ The effective date is necessary because of imminent peril to public health, safety, or welfare. Reason:

Are public hearings needed? ☐ No ☐ Yes

Are changes to a data system needed? ☐ No ☐ Yes

Will this affect appeal volume? ☐ No ☐ Yes: ☐ Increase ☐ Decrease

Is training required? ☐ No ☐ Yes, scheduled for:

Are form changes required? ☐ No ☐ Yes, to:

Are manual changes required? ☐ No ☐ Yes, to:

Division Sign-Off:

Bureau Chief Signature:	Date
Attorney General Signature: (Approval as to form only)	Date
Division Administrator Signature:	Date

Information on Proposed Rules

Name of Program Specialist	Telephone Number	E-mail Address
----------------------------	------------------	----------------

1. Give a brief summary of the rule changes:
2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):
3. Why is the Department requesting these changes?
4. What will be the effect of this rule (who, what, when, how)?
5. What are the potential costs and benefits of this rule to the persons affected?
6. What are the potential costs and benefits of this rule to the state?
7. What are the likely areas of public comment or controversy?
8. Are there any alternatives to making these changes in rules that you considered and rejected?
9. What will be the effect on other governmental bodies (federal or state agencies, county governments)?
10. If rules do not contain waiver provisions, explain why:

Proposed Rule Changes

ADMINISTRATIVE RULE FISCAL IMPACT STATEMENT

Date:

Agency: Human Services IAC citation: 441 IAC Agency contact:
Summary of the rule:
<i>Fill in this box if the impact meets these criteria:</i> <input type="checkbox"/> No fiscal impact to the state. <input type="checkbox"/> Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years. <input type="checkbox"/> Fiscal impact cannot be determined. Brief explanation:
<i>Fill in the form below if the impact does not fit the criteria above:</i> <input type="checkbox"/> Fiscal impact of \$100,000 annually or \$500,000 over 5 years.
Assumptions:
Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year		
	Year 1 (FY)	Year 2 (FY)
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE		
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES		
NET IMPACT		
<p>_____ This rule is required by state law or federal mandate. <i>Please identify the state or federal law:</i></p> <p>_____ Funding has been provided for the rule change. <i>Please identify the amount provided and the funding source:</i></p> <p>_____ Funding has not been provided for the rule. <i>Please explain how the agency will pay for the rule change:</i></p>		
Fiscal impact to persons affected by the rule:		
Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):		
Agency representative preparing estimate: Telephone number:		

Administrative Rule Transmittal, 470-4673

Purpose	Form 470-4673 is used to initiate changes in the Department's administrative rules.
Source	A template for this form is available on the Department's network server Hoovr3s1, in the share Policy.771 /Rules /Help for Rule and Manual Writing, under the name "AdminCode Update Template." For best performance, start with a new document each time.
Completion	<p>Central office policy staff initiate this form when the policy unit is proposing a change to the Department's administrative rules.</p> <p>The program manager completes as much of the form as possible. The Division of Fiscal Management assists with completion of the fiscal impact statement.</p> <p>For stating the proposed rule changes, use the buttons on the "Iowa Administrative Code" toolbar to:</p> <ul style="list-style-type: none">◆ Choose your rule action (item statement);◆ Copy and insert text from the current rule; and◆ Mark deletions with strike-through and additions by underlining. (Do not use the "track changes" tool.) <p>The form must be signed by the policy bureau chief and division administrator, by a representative of the attorney general's office, and by the budget analyst and bureau chief (on the fiscal impact statement).</p>
Distribution	<p>After policy bureau approval, send the entire form to the attorney general assigned to your program or to the chief of the Regents and Human Services Division for assignment. Upon approval, send the entire form to the Division of Fiscal Management for assignment and tracking.</p> <p>Upon completion, obtain sign-off from your division administrator and submit the entire form to the rules coordinator in the Bureau of Policy Analysis and Appeals both electronically and in printed form.</p>

Data

The completed template shall contain:

- ◆ A cover page with identifying information about the proposed rule changes and the process requested.
- ◆ An information page requesting background information on the rule changes that will be used in preparing the rule preamble and in filing the rule document with the governor's office.
- ◆ The text of the proposed rule changes, showing the current rule language and the changes requested.
- ◆ The administrative rule fiscal impact statement that is required to be prepared for every rule change.

CLARIFICATION REQUEST

Filing Reference

Regarding:

- | | |
|--|---|
| <input type="checkbox"/> FIP | <input type="checkbox"/> State Supplementary Assistance |
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> HCBS Waivers |
| <input type="checkbox"/> Work Programs | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Medicaid | |
| <input type="checkbox"/> Child Care Assistance | |

Complete Statement of Question

What manual references have you checked in relation to this question?

Signatures

Staff		Location		Date of Request
Immediate Supervisor	Date Reviewed	Service Area Manager or Designee		Date Reviewed

RESPONSE: ☐ Interpretation No.

☐ Clarification

Title:

Manual References:

Distribution:

- | | | |
|--|--|--|
| <input type="checkbox"/> Service Area Managers | <input type="checkbox"/> Field Operations Support Unit | <input type="checkbox"/> DIA: Appeals |
| <input type="checkbox"/> Area IM Administrators | <input type="checkbox"/> FHWS | <input type="checkbox"/> DHS: Appeals |
| <input type="checkbox"/> Area Service Administrators | <input type="checkbox"/> CFS | <input type="checkbox"/> Policy Analysis |
| <input type="checkbox"/> Superintendents | <input type="checkbox"/> Quality Control | <input type="checkbox"/> Other: |

Response

Signatures

Service Area Manager or Bureau Staff			Date Prepared
Bureau Chief	Date Reviewed	Division Administrator	Date Reviewed

Clarification Request, 470-0116

Purpose	Form 470-0116 is used to prescribe the application of official policy to specific case situations when the wording of the policy is not adequate to provide clear direction. Responses must interpret a particular Department policy.
Source	Complete form 470-0116 on line using the template on the Department's Intranet eForms web page or in the public state-approved forms administrative folder on Outlook.
Completion	<p>Field staff prepare the request (side A) when:</p> <ul style="list-style-type: none">◆ The client has a trust or other case-specific document and central office evaluation of the terms is needed to determine its proper treatment for income and resources.◆ A formal statement of policy from central office program staff is desired, rather than a response through the Income Maintenance SPIRS Help desk or the Service Help Desk. <p>Central office program staff may initiate a "request" to introduce a new interpretation of policy.</p> <p>Central office program staff prepare the response (side B) within 15 days of the receipt of request. (Issuance of the response to field may be delayed when the response is sent for review by the Attorney General's Office.)</p> <p>When the question is of such a specialized nature that the answer does not have general applicability, such as review of the terms of a particular trust, the response is a "clarification" and is issued only to the requesting unit.</p> <p>When a response has general applicability in similar case situations, the response is an "interpretation" (or "interpretive memo") and is issued to all service areas.</p>
Disposition	Field questions are routed through the immediate supervisor and the service area manager's designee.

The unit preparing the response distributes it as follows:

- ◆ Send **clarifications** to the unit raising the question.
- ◆ Send **interpretations** to all units that could be affected by the policy (all service areas plus the Appeals Section, the Office of Program Evaluations, and the Department of Inspections and Appeals, as applicable).

File **interpretations** in a binder in numeric order, by the manual title, chapter, and page of the principle manual (filing) reference, found on the first page of the form in the upper right corner. Keep interpretations until the issuing unit announces that they are obsolete.

Provide copies of individual interpretations to people outside the Department upon request.

Data

The person requesting a clarification or interpretation of policy:

- ◆ Indicates what program area the question addresses.
- ◆ Explains the question. Do not identify specific clients unless requesting clarification of a case-specific document.

In a request for clarification of a case-specific document (such as, but not limited to a trust, life estate, annuity, or life insurance policy), include the following information under "Complete Statement of Question":

- The name and state ID number of the client.
 - A brief description of household circumstances and pertinent information such as the client's age or disability status and names and relationships of other household members.
 - Identification of the owner of the assets that were used to fund a trust and, if funded by a non-household member, the relationship of that person to household.
 - Whether persons who created a testamentary trust are now deceased.
- ◆ Indicates what manual references have been checked.
 - ◆ Enters the requestor's name and address and the date of the request.

The person preparing the response:

- ◆ Checks whether the response is a clarification or interpretation.
- ◆ Enters the assigned number for an interpretation. (See 1-B, [Preparation and Distribution of Response](#).)
- ◆ Enters a subject title and the specific manual references that are being interpreted.
- ◆ Enters the principle manual reference as the filing reference on the request page (side A) of the form.
- ◆ Completes the response section and obtains the necessary signatures. (NOTE: When the request contained identifying information, the response section will be de-identified.)

Petition for Exception to Policy, 470-3888

Purpose	Form 470-3888 may be used to initiate a request for an exception to policy. (Use of this form is not mandatory.)
Source	<p>The form may be completed electronically at https://dhssecure.dhs.state.ia.us/forms/470-3888.htm (available through either the "exceptions to policy" or the "forms" link on the Department's home page).</p> <p>The form can also be printed or photocopied from the sample in the manual.</p>
Completion	Department staff or a member of the public may complete form 470-3888 when a person or agency affected by the Department wishes to request an exception to policy.
Distribution	A form completed electronically may be submitted directly to the Appeals Section to be processed using the "submit" button on the form. A completed printed form shall be sent to the DHS Appeals Section, 1305 E. Walnut St., 5 th Floor, Des Moines, Iowa 50319-0114 or via fax to (515) 281-4597.
Data	<p>This form contains:</p> <ul style="list-style-type: none">◆ Information about the person requesting the exception to policy, including name, address, and phone number.◆ Information about the person who needs the exception to policy (which may be the same person), including:<ul style="list-style-type: none">• The person's name, social security or state identification number, and birth date.• A description of the exception to policy being requested.• The period for which the exception to policy is being requested and the requested effective date.• The reason the exception to policy is being requested.• Identification of others who can offer helpful information.• The way the Department has treated similar situations, if known.• Other options that have been tried as alternatives.• The rule being waived, if known.• The requestor's signature.

Petition for Exception to Policy

An exception to policy is a request for an item or service that is not covered by the Department of Human Services (DHS). The criteria for granting an exception to policy can be found in 441 Iowa Administrative Code 1.8(2). They are:

- Is there an extreme need for an item or service?
- Are there exceptional circumstances that justify an exception to policy?
- Would an exception to policy result in net savings to the state?
- Have all other possible sources been exhausted?
- What is the cost to the state and are there funds in the Department's budget?

Exceptions to policy may be granted to DHS rules, but they cannot be granted to rules that are based on federal policy or state law. Exceptions to policy will not be granted for program eligibility requirements, such as income guidelines or resource limits.

Exceptions to policy are granted when the item or service being requested would improve the quality of life of a consumer at no additional cost to the state, or when it would result in a savings to the state.

An exception to policy is granted at the discretion of the Director of DHS. There are no appeal rights on an exception to policy request. However, a consumer who does not agree with the exception to policy recommendation can ask for the request to be reconsidered.

There is no fee or charge to request an exception to policy. An exception to policy request must be in writing. An exception to policy is a last resort request. It should be requested only when all other options have been exhausted.

Instructions

You may complete the *Petition for Exception to Policy* form or you may write a letter that explains the situation. Use of this form is voluntary.

- Enter the name and address of the person who is filling out the form.
- List the consumer's name, Social Security Number or state ID number, and birth date of the person you are requesting the exception to policy for.
- Provide a description of what the person needs.
- Explain why it is needed. If it is medical in nature, include the medical necessity of the item or service.
- Include the costs and proposed savings of the request.
- Tell what has been tried in the past with the person.

If a home health agency is requesting an exception to policy on behalf of a consumer, the following should be included, as well as the information listed above:

- Explain the services needed, including the hours requested and the level of care involved.
- Identify what other programs are involved with this consumer, such as waiver, in-home health-related care, etc.
- Describe the cost breakdown, salary, fringe benefits, and mileage of the person who is doing the care.
- Incorporate the plan of care or the plan of treatment.
- Include the past 30 days of care notes.

Or, you can fill out this form on line at <https://dhssecure.dhs.state.ia.us/forms/470-3888.htm>. If you use the on-line version, be sure to hit “submit” at the bottom of the form and your request will be e-mailed directly to our office.

Information About Person Filling Out Form			
Name of person requesting the exception to policy:	Phone number:	Date of request:	
Address:	City:	State:	Zip code:

Information About Person Who Needs Exception to Policy		
Who is the exception to policy for:	Social security or state ID number:	Birth date:
<p>Being specific, describe your request for an exception to policy:</p> <p><i>If you need additional space to describe the situation, please attach a separate piece of paper.</i></p> <p>What is the time period that you are requesting the exception to policy to cover (for example, one month, six months, etc.)? The period cannot exceed one year. If the exception to policy is granted, and it is still needed after it expires, it may be renewed by submitting another request.</p> <p>What is the date you would like the exception to policy to start?</p> <p>Why are you requesting an exception to policy?</p>		

Does anyone else have information that would be helpful to the Department to make a decision on this request for a waiver? ☐ Yes ☐ No If yes, please list name, address, and telephone number.

Do you know how the Department has treated similar situations? ☐ Yes ☐ No
If yes, please describe how the situation was handled.

Have you tried any other item or service before requesting an exception to policy? ☐ Yes ☐ No
If yes, please describe the item or service.

If known, what rule are you requesting an exception to policy for?

I authorize any person with knowledge of the relevant or important facts relating to the requested waiver to release any information to the Department of Human Services. I attest to the accuracy and truthfulness of the information contained in this request.

Signature of Requestor

Date

Please send this form to the following address. Or you may fax it to (515) 281-4597.

Department of Human Services
Appeals Section
1305 E Walnut St, 5th Floor
Des Moines, IA 50319-0114

If you have questions about this form, please contact the Appeals Section at (515) 242-6302.

Policy Approval and Distribution

Originating Unit:			Bureau of Policy Analysis and Appeals:																	
Date December 17, 2008	Type of Issuance		Letter No.																	
Writer	Unit	Phone	Issue Date																	
Subject			Distribution:																	
			_____ Standard _____ Supply _____ Special * _____ Total																	
Does this material implement a law or rule change? <input type="checkbox"/> No <input type="checkbox"/> Yes			Special Instructions																	
Effective Date of Law or Rule	Issue Date Wanted	Cost Center	* Deliver to:																	
Check the other units asked to review this material. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Initial/Date</td> <td style="width: 50%; text-align: center;">Initial/Date</td> </tr> <tr> <td><input type="checkbox"/> BPAA _____</td> <td><input type="checkbox"/> DMHDS _____</td> </tr> <tr> <td><input type="checkbox"/> DCFS _____</td> <td><input type="checkbox"/> DMS _____</td> </tr> <tr> <td><input type="checkbox"/> DCSCMRS _____</td> <td><input type="checkbox"/> DRBA _____</td> </tr> <tr> <td><input type="checkbox"/> DDFO _____</td> <td><input type="checkbox"/> Forms manager _____</td> </tr> <tr> <td><input type="checkbox"/> DDM _____</td> <td><input type="checkbox"/> IM/Service help desk _____</td> </tr> <tr> <td><input type="checkbox"/> DFHWS _____</td> <td><input type="checkbox"/> IMA/SWA/core team _____</td> </tr> <tr> <td><input type="checkbox"/> DFM _____</td> <td><input type="checkbox"/> _____</td> </tr> </table>			Initial/Date	Initial/Date	<input type="checkbox"/> BPAA _____	<input type="checkbox"/> DMHDS _____	<input type="checkbox"/> DCFS _____	<input type="checkbox"/> DMS _____	<input type="checkbox"/> DCSCMRS _____	<input type="checkbox"/> DRBA _____	<input type="checkbox"/> DDFO _____	<input type="checkbox"/> Forms manager _____	<input type="checkbox"/> DDM _____	<input type="checkbox"/> IM/Service help desk _____	<input type="checkbox"/> DFHWS _____	<input type="checkbox"/> IMA/SWA/core team _____	<input type="checkbox"/> DFM _____	<input type="checkbox"/> _____	<input type="checkbox"/> Attach Comm. _____ <input type="checkbox"/> Distribute as _____	
Initial/Date	Initial/Date																			
<input type="checkbox"/> BPAA _____	<input type="checkbox"/> DMHDS _____																			
<input type="checkbox"/> DCFS _____	<input type="checkbox"/> DMS _____																			
<input type="checkbox"/> DCSCMRS _____	<input type="checkbox"/> DRBA _____																			
<input type="checkbox"/> DDFO _____	<input type="checkbox"/> Forms manager _____																			
<input type="checkbox"/> DDM _____	<input type="checkbox"/> IM/Service help desk _____																			
<input type="checkbox"/> DFHWS _____	<input type="checkbox"/> IMA/SWA/core team _____																			
<input type="checkbox"/> DFM _____	<input type="checkbox"/> _____																			
			Draft Reviewed																	
			Final Approval																	
Do these changes affect appeal issue codes? <input type="checkbox"/> No <input type="checkbox"/> Yes (contact Appeals)			Response Due Date																	
Do these changes need to coordinate with system changes? <input type="checkbox"/> No <input type="checkbox"/> Yes			Response Due From																	
Are you requesting waiver of field circulation? <input type="checkbox"/> No <input type="checkbox"/> Yes																				
Bureau Chief Approval		Date																		
Waiver of circulation approved? <input type="checkbox"/> No <input type="checkbox"/> Yes																				
Division Administrator Approval		Date																		
Comments																				

Policy Approval and Distribution, 470-0049

Purpose	<p>Department policy staff use form 470-0049 (also known as the "A & D" sheet) to:</p> <ul style="list-style-type: none">◆ Request the publication of changes to the Department <i>Employees' Manual, Management Manual, State Handbook of Procedure</i>, or provider manuals, or of manual letters or circular letters.◆ Set publication dates and communicate information needed for publishing and distribution of manual material.◆ Transmit changes to manual or forms for review and comment when circulation is not done through electronic mail.
Source	<p>Complete this form on line using the template in the public state-approved forms administrative folder on Outlook.</p>
Completion	<p>The unit originating the material completes the left side of the form when the material to be published has been drafted. A separate form is required for each letter being issued.</p> <p>The form can be used to record internal circulation of the draft material. All reviewers can sign one form, or a separate form can be used for each reviewer. The forms manager must sign this form if you are making changes to a form.</p> <p>People reviewing the material should initial the name of their office in the circulation list. Comments or special instructions may be written in the comment box, on a separate sheet, or on the material itself.</p> <p>Editing staff in the Bureau of Policy Analysis and Appeals assign the due date for field or division circulation, if required, and the letter or transmittal number and publication date.</p> <p>The printing coordinator in the Division of Fiscal Management determines the quantity to be printed based on the records in the Manual Distribution System for each subscribing location.</p>

Distribution

For manual and circular letter publication:

- ◆ The originating unit submits one copy of the signed form with the draft material to the Policy Analysis Unit.
- ◆ Policy Analysis keeps the original and makes a photocopy to send with the final material to the printing coordinator.
- ◆ The printing coordinator makes a copy of the form for the staff in the Division of Fiscal Management that are responsible for distributing the printed material.

The Policy Analysis Unit and the Division of Fiscal Management both keep the forms for six months.

Data

The originating unit enters:

- ◆ The request date.
- ◆ The type of issuance being requested.
- ◆ The writer's name, organizational unit, and phone number.
- ◆ The title, chapter, and subject of the material.
- ◆ Whether the material implements a law or rule change.
- ◆ If so, the effective date of that change.
- ◆ What publication date is requested.
- ◆ What 10-digit cost center the printing should be charged to.
- ◆ What staff have reviewed the material (if applicable).
- ◆ Whether the material affects appeal issue codes.
- ◆ Whether the release must coincide with system changes.
- ◆ Whether waiver of field circulation is requested.

NOTE: The forms manager must sign this form if you are making changes to a form. Material that comes to the Policy Analysis Unit without this signature will be routed to the forms manager.

It is not necessary to enter the exact letter or transmittal number. The Policy Analysis Unit assigns this number. It is not necessary to specify what units should receive the published manual, except for special mailings outside the regular distribution.

WORD PROCESSING REQUEST

Date in	Date requested	<input type="checkbox"/> Rush
Originator name	Bureau	Telephone
Name of document		
SPECIAL INSTRUCTIONS:		
<input type="checkbox"/> E-mail file (supply name of document above) E-mail to:		
<input type="checkbox"/> Print only (supply name of document above): <input type="checkbox"/> Entire file <input type="checkbox"/> Page numbers:		
<input type="checkbox"/> Find: Replace with:		
<input type="checkbox"/> Find: Replace with:		
OTHER:		
POLICY ANALYSIS USE ONLY		
Date completed	Completed by	
File names		
Category <input type="checkbox"/> Minor (0 to 2 hours) <input type="checkbox"/> Medium (2 to 4 hours) <input type="checkbox"/> Major (4 hours to 2 days) <input type="checkbox"/> Massive (2+ days)	Type <div> <input type="checkbox"/> Revision (R) <input type="checkbox"/> Form (F) <input type="checkbox"/> Reformat (RF) <input type="checkbox"/> Word Template (FT) <input type="checkbox"/> PDF <input type="checkbox"/> Macros (FTM) <input type="checkbox"/> Complete (PDF-C) <input type="checkbox"/> FileNet (FN) <input type="checkbox"/> Inserts (PDF-I) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Scan (S) _____ </div>	

Word Processing Request, 470-0051

Purpose	Form 470-0051 is used to request and track changes to the master form and manual files for publication.
Source	Complete this form on line using the template in the public state-approved forms administrative folder on Outlook.
Completion	<p>Central office policy and forms management staff complete this form when a policy unit wants to prepare a new manual or form or a change to a manual or form. A new <i>Word Processing Request</i> is required each time work is submitted unless the work is returned for correction on the same day.</p> <ul style="list-style-type: none">◆ Choose the date requested at your convenience.◆ Mark "rush" if it is essential that the changes are completed by that date.◆ Enter the manual chapter number or form number as the name of the document. <p>Be sure to include enough instructions to explain the request. It is preferable to submit a draft general letter with all work orders so that the Policy Analysis Unit can judge the timing and extent of the proposed changes.</p> <p>Changes may be marked on the previous version of the document, typed in using "track changes," or sent as inserts to the previous version. New material should be sent in electronic form.</p>
Distribution	Bring or send the completed form in electronic or printed form to the Policy Analysis Unit, along with the requested changes. A personal visit or phone call may be helpful to clarify expectations.
Data	<p>This form contains:</p> <ul style="list-style-type: none">◆ Identifying information about the request and requestor.◆ Special instructions for the project. For forms, it is important to note whether the form is to be completed electronically and what system will access the form.◆ Space for recording Policy Analysis workload statistics.